MARYLAND Department of Health

Medicaid Pharmacy Program
Peer Review Program for Mental Health Medications

Frequently Asked Questions (FAQ)

What is the Peer Review Program?
The Peer Review Program is a Maryland Medicaid clinical program to improve safe and appropriate antipsychotic treatment of children. This program requires pre-authorization and ongoing clinical review of pediatric antipsychotic medication treatment for all Medicaid insured children less than 18 years of age.

Is Maryland the only state with an antipsychotic pre-authorization program?
No - antipsychotic pre-authorization programs and similar programs (e.g. mandatory patient registries) have been developed in at least 31 other states. Federal government mandates have required states to develop psychotropic medication monitoring plans, so this type of oversight has become more common over the past few years.

How are the Peer Review Program pre-authorization requests submitted?
The form to request pre-authorization is available at https://mmcp.health.maryland.gov/pap/docs/P2P%20New%20PA%20form%2001-05-2014b%20.pdf

The information can be typed into the form, printed, and **faxed** to **1-866-671-8084** or **410-618-4168**. Alternatively, prescribers can call in the information **by phone** at **1-855-283-0876**.

What are the Peer Review Program pre-authorization criteria?
Prescribers are asked to complete a form that includes information on:

- Medication/dose requested,
- Indication for antipsychotic treatment (diagnosis/target symptoms),
- Safety monitoring information (e.g. fasting blood sugar),
- Medication regimen, and
- Basic information on psychosocial services.

This information is reviewed by a clinical pharmacist, using criteria listed on the Maryland Medicaid website (same link provided above). The medication is either approved at this phase, or referred to a child psychiatrist for peer review to address any concerns.

What if my patient's diagnosis or target symptom is not listed as an option on the form?
Please select "other" in the diagnosis or target symptom section of the form and write in the information.

What if this is a patient who has been newly referred to my practice and I have not yet had an opportunity to taper the patient or adjust their regimen?
Please note any plans for assessment or changes in medication regimen on the authorization form. This can assist us in expediting the authorization.

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What is the timeframe required for Peer Review requests?
Referrals are reviewed Monday through Friday, from 8:00 AM – 6:00 PM. The program is closed on weekends and state holidays. The pharmacist completes the initial review on complete referrals within one business day. If a clinical review by a Peer Review Program child psychiatrist is required, that will be completed within an additional business day. The Peer Review Program makes every effort to respond to urgent concerns in a timely manner. Please help to expedite our response by:

- Completing the entire form (by phone or fax),
- Contact us by phone to alert us of any urgent clinical concerns at 1-855-283-0876, and
- If the clinical pharmacist indicates the need for a peer review, please provide us with the best contact information and time to reach the prescriber or the name and contact information for a clinical designee who can provide relevant information regarding the patient.

How will I know the authorization has been approved?
Authorization approval letters will be faxed to the prescriber's office. Authorizations are usually provided for a period of 6 months, unless all requested laboratory and clinical information has not been received.

What are the labs required for the Peer Review Program?
The following laboratory studies and clinical information are required at baseline and then according to the schedule below. The specific laboratory studies include fasting glucose, HDL, LDL, triglycerides, AST, ALT, Alkaline Phosphatase.

Renewals take place every six months when the initial and/or renewal authorization forms contain all requested information. The 90 day required information must be submitted with the first renewal (which is due at six months after the initial authorization). When the Peer Review Program child psychiatrist determines there is a clinical need or when required information is not submitted, authorization is provided for a shorter period of time. In general, the program gives prescribers up to 90 days to submit missing information, taper medication or consult the Peer Review Program child psychiatrist to develop a plan regarding missing information. Maryland Medicaid Pharmacy Program may directly contact families to educate them about the importance of ongoing lab monitoring.

Children who have abnormal laboratory studies or who experience rapid weight gain or whose BMI falls at the 85th percentile or greater on the CDC body mass index-for-age reference charts will require repeat fasting glucose, HDL, LDL, triglycerides every 6 months or as clinically indicated.

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Schedule for First Year of Monitoring (when all required information submitted)					**Schedule for Subsequent Years**	
Test or Information	**Baseline**	**3 months**	**6 months**	**12 months**	**Every 6 months**	**Every 12 months**
Renewal	X		X	X	X	
Height & Weight	X	X	X	X	X	
AIMS	X		X	X	X	
Fasting Glucose	X	X	3 month value reviewed at 6 month renewal	X	if BMI >=85th percentile or if abnormal laboratory value	if BMI <85th percentile and laboratory values normal
Fasting Lipids	X	X	3 month value reviewed at 6 month renewal	X	if BMI >=85th percentile or if abnormal laboratory value	if BMI <85th percentile and laboratory values normal
Liver Function Tests	X	X	3 month value reviewed at 6 month renewal	X	if BMI >=85th percentile or if abnormal laboratory value	if BMI <85th percentile and laboratory values normal
Clinical Status, Target Symptoms, Diagnosis	X	X	X	X	X	

Why are fasting glucose and lipid labs required?
Antipsychotic medications can cause significant metabolic side effects. In 2003, the Food and Drug Administration (FDA) required a warning on diabetes risk to be added to the prescribing information for all second generation antipsychotics. In 2004, the American Psychiatric Association and the American Diabetes Association issued a consensus statement guideline recommending baseline and follow up fasting glucose testing. Recent pediatric research indicates that children, especially those who are antipsychotic naïve, are unfortunately more vulnerable to metabolic side effects than adults.

What if the labs have not been done at the time of the pre-authorization request?
The program recognizes that pediatric blood draws are often challenging to complete, especially for youth with severe mental illness. When the Peer Review Program child psychiatrist determines there is a clinical need or when required information is not submitted, authorization is provided for a shorter period of time. In general, the program gives prescribers 90 days to submit required information, taper medication or consult the Peer Review Program child psychiatrist to develop a plan regarding missing information. Medicaid may directly contact families to educate them about the importance of ongoing lab monitoring.

If there are extenuating circumstances that prevent adherence to the lab monitoring schedule, the prescriber can request to discuss the situation with the Peer Review Program's child psychiatrist. Strategies that prescribers have reported that have been helpful in supporting lab monitoring include: coordinating the lab monitoring with the primary care provider, providing family education on the reason labs are requested, and addressing needle phobia concerns as part of psychosocial treatment.

What happens if there is an abnormal lab result?
The lab studies reviewed by the clinical team include fasting glucose, lipid panel, and liver function tests. Labs that reach an alert value are reviewed by a child psychiatrist and include:

Fasting Glucose >105 mg/dL (in patients without diabetes or unknown diabetic status)
Fasting Glucose (or uncertain of meal status) > 150 mg/dL in patients with known diabetes
Triglycerides >200 mg/dL
LDL >160 mg/dL
AST > 63 U/L
ALT > 63 U/L

Typically, a recommendation will be made to repeat the lab and obtain pediatric consultation for confirmed lab abnormalities over the next six month authorization period. Extremely high lab values and specific unique circumstances will be addressed on a case-to-case basis. Any changes to the monitoring requirements or any unique safety concerns will be addressed by the child psychiatrist with the provider. Please help streamline the process by noting any actions or referrals undertaken to address laboratory abnormalities.

If for any reason psychosocial services are lacking, will there be any support to facilitate access to services (case management)?
We recommend that prescribers contact Beacon Health Options at www.beaconhealthoptions.com/providers/bacon/providerconnect or their local Core Service Agency at www.marylandbehavioralhealth.org/core-service-agency-directory for assistance with psychosocial referrals. The Peer Review Program child psychiatrist also provides some assistance triaging complex referral needs to appropriate child serving agencies during the peer review clinical discussion.

After the Peer Review Consultation process, is there a denial of medication? What happens after there is a denial?
After the Peer Review Consultation is completed, denial of medication is rare. The most common concerns addressed in a peer review relate to either indication for treatment (e.g. prescriber lists "Adjustment Disorder" as the primary diagnosis); baseline safety monitoring (e.g. no fasting labs have been obtained); dosage (e.g., preschool-aged child being started at an adult dose); or psychosocial services (no referrals have been made). Typically, the peer review results in a consensus plan for either (1) approval (e.g., prescriber clarifies that the patient has significant impairment in functioning and has failed first line interventions) or (2) steps needed to obtain approval (e.g. prescriber agrees to provide a referral for psychosocial services or adjust the requested dose).

In some cases, the prescriber will decide to withdraw the authorization request after the clinical discussion about the patient. For example, a prescriber may be uncertain about the current working diagnosis and decide to seek further consultation before starting a medication. Also, in reviewing the clinical history, the prescriber may conclude that the patient has not had an adequate trial of a first line agent.

In the uncommon event that there is no consensus after the clinical review between the Peer Review Program psychiatrist and the prescriber, the prescriber will be given the option of having a second review with a Medicaid child psychiatrist.

Will there be a tracking of BMI over the ongoing review? If abnormal, what happens?
Yes – the Peer Review Program will track the BMI and BMI%. The program recognizes that a high BMI may be due to various factors, including unhealthy weight gain prior to starting antipsychotic medication, weight gain after starting medication due to antipsychotic medication treatment, weight gain due to other medications or other factors. However, all patients who are obese, whatever the cause, are at increased risk of diabetes and heart disease.

For youth with BMI % >95 (i.e. CDC criteria for pediatric obesity), the provider will be required to indicate that one of the following three steps will be/are being taken to address this health risk:

1. Referral to primary care provider to develop a weight management plan
2. Implementation of weight management plan (e.g. AMA pediatric weight loss guidelines) in the primary care or mental health treatment setting.
3. Change in medication regimen planned (e.g. switch antipsychotic to a lower obesity-risk agent, change in co-prescribed medication which may be causing weight gain)

Peer review by a child psychiatrist will also take into consideration various factors, including abnormal labs, worsening obesity health status with ongoing antipsychotic treatment, and current psychiatric symptom severity, in assessing the risk-to-benefit ratio for that child. Any concerns about the overall risk of treatment will be addressed on a case-by-case basis with the prescriber.

Will there be any kind of support from MA (in the form of case management) to facilitate referrals to weight management/exercise/nutrition intervention for patients?
The Peer Review Program relies on existing health and mental health services, because there are no specific Peer Review Program-dedicated case management resources for weight management programs. Thus, the recommendation is to coordinate weight management treatment planning with the child's primary care provider (or initiate a referral to primary care).

Is there a number consumers (families) can call if they have questions about the program?
Consumers (families) can call Maryland Medicaid Pharmacy Program directly at:

1-800-492-5231 option 3